PHONE: 512/314-7586

FAX: 512/314-7571

# LAKEWAY POLICE DEPARTMENT

104 CROSS CREEK LAKEWAY, TEXAS 78734

TO: POLICE APPLICANTS

FROM: CHIEF OF POLICE, TODD A. RADFORD

**RE:** APPLICATION FOR TESTING

#### THE MINIMUM STANDARDS FOR APPOINTMENT ARE:

1. Be a citizen of the United States

2. Be at least 21 years of age

3. Not have been convicted of DWI or of misdemeanor as required by T.C.L.E.O.S.E.

4. Not have been convicted of any Felony

- 5. Possess a valid peace officer's license for the State of Texas
- 6. Have completed high school or possess a G.E.D.
- 7. Possess a valid Texas Driver's License
- 8. Successfully complete the following:

Thorough Background Investigation

Medical Exam Psychological Exam Physical Agility Test

Written Test

Oral Interview Board

# Listed below are the current salary and benefits for a starting officer: (Not applicable for Reserve Applicants)

Salary: Starting at \$39,938 to low \$40's – Depending on Qualifications

Vacation: 12 Days / year Holidays: 11 Days / Year Sick / Emergency Leave: 12 Days / Year

Retirement: The City is a member of the Texas Municipal Retirement System.

Seven percent (7%) of your salary goes towards retirement which

The City matches at a 2/1 ratio.

Dental / Medical Insurance is provided to the officer at no charge. Family members Life Insurance: may be added to the medical insurance at a cost to the employee. Uniforms / Equipment: Uniforms are provided, including duty belt and Glock .40 Pistol.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

# **INSTRUCTIONS**

# READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing the PERSONAL HISTORY STATEMENT. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

- 1. Your Personal History Statement **SHOULD BE PRINTED LEGIBLY IN BLACK INK BY YOU** and no other person. Answer all questions to the best of your ability.
- 2. If a question is not applicable to you, enter N/A in the space provided.
- 3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- 4. YOU ARE RESPONSIBLE FOR OBTAINING CORRECT NAMES, ADDRESSES AND TELEPHONE NUMBERS. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of area telephone directories. IF YOU DO NOT PROVIDE THE NECESSARY PHONE NUMBERS YOUR APPLICATION MAY BE DISQUALIFIED.
- 5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the **PERSONAL HISTORY STATEMENT**. Be sure to reference the relevant section and question number in the attached sheets.
- 6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
- 7. UPON COMPLETING THE FORM, RE-CHECK EACH SECTION TO ENSURE THAT ALL INFORMATION REQUESTED HAS BEEN PROVIDED, N/A ENTERED IF APPROPRIATE.
- 8. You may submit a resume with the completed Personal History Statement **BUT** a resume **CAN NOT** be substituted for an application or Personal History Statement.
- 9. **TATTOOS AND BODY PIERCINGS MAY NOT BE VISIBLE WHEN ON DUTY**, whether in uniform or business attire. Officers have the option of wearing a long-sleeved shirt (uniform or business as appropriate) in order to comply with this policy.

# STOP!

Before you file this Personal History Statement for a position with the Lakeway Police Department, the following items must be attached. These items must be provided by **YOU**. Not attaching requested material with the Personal History Statement for employment with the Lakeway Police Department could be reason for employment to be denied.

- 1. COPY OF YOUR SOCIAL SECURITY CARD
- 2. COPY OF YOUR BIRTH CERTIFICATE
- 3. COPY OF YOUR DRIVERS LICENSE
- 4. COPY OF YOUR HIGH SCHOOL DIPLOMA OR G.E.D.
- 5. COPY OF YOUR COLLEGE DIPLOMA OR COPIES OF YOUR COLLEGE TRANSCRIPTS
- 6. COPY OF YOUR PASSING GRADE REPORT FROM YOUR POLICE ACADEMY (IF NOT CURRENTLY A TEXAS PEACE OFFICER)
- 7. COPY OF YOUR TEXAS PEACE OFFICER LICENSE AND COPIES OF ALL CERTIFICATES AWARDED TO YOU
- 8. IF APPLICABLE, COPY OF DD-214 (MILITARY DISCHARGE)
- 9. COPY OF YOUR RESUME (OPTIONAL)
- 10. COPY OF ANY LETTERS OR OTHER NOTATIONS YOU WISH TO HAVE ATTACHED TO THIS PERSONAL HISTORY STATEMENT
- 11. <u>A COPY OF YOUR "COMPLETE PERSONAL STATUS REPORT", OBTAINED AT THE MAIN OFFICE OF THE TEXAS COMMISSION ON LAW ENFORCEMENT OFFICER STANDARDS AND EDUCATION (TCLEOSE)</u>
- 12. COPY OF DRIVING RECORD AND ACCIDENT REPORTS, OBTAINED AT THE TEXAS DEPARTMENT OF PUBLIC SAFETY
- 13. COPY OF PROOF OF LIABILITY INSURANCE
- 14. COPY OF MARRIAGE CERTIFICATE
- 15. COPY OF DIVORCE DECREE(S) (IF APPLICABLE)
- 16. ALL POLICE REPORTS THAT NAME APPLICANT IN ANY REGARD (SUSPECT, WITNESS, VICTIM)
- 17. CREDIT REPORT
- 18. PHOTO COPY OF LAST TWO MONTHS BANK STATEMENTS
- 19. A RECENT COLOR PHOTOGRAPH OF YOURSELF

# PERSONAL HISTORY STATEMENT

## A. APPLICANT IDENTIFICATION

1.	NAME:				
		Last	First		Middle
2.	ADDRESS:				
		Number	Street		Apt#
		City	State		Zip Code
		E-mail Address		Personal Web	Page URL
		MySpace/Facebook etc. A	cct		
3.	TELEPHON	E NUMBER(S):			
		Home			Pager
		Cell P	hone		Other
4.	DATE OF B	IRTH:			
<ol> <li>6.</li> </ol>	KNOWN:	AME, NICKNAME O  CURITY NUMBER:			
7	DI ACE OF I				
7.	PLACE OF I	City		County	State
8.	DRIVER'S I	LICENSE NUMBER:			
0.	DRIVER ST	EICENSE NOMBER.	Type / Class / S	tate / Number	DL Expires
9.	HEIGHT:	WEIGHT:	EYE COLOR:	: HAIR CO	OLOR:
10.	Scars, tattoos or o	other distinguishing marks			
11.	CONCEALE	ED HANDGUN LICE	NSE NUMBE	R:	
12.	HAVE YOU EV	ER HELD A DRIVERS LICI	ENSE IN ANOTHE	ER STATE OTHER THA	AN TEXAS? YES / NO
	IF YES, WHAT	STATE:	WHAT IS THE 1	NUMBER:	

<b>RESIDENCES</b> - List all addresses where you have lived during the past ten years, beginning with your present address. List date by month and year. Attach extra sheets if needed.					
FROM	ТО	ADDRES	SS		
WORK HISTORY - Beginning years, including part-time, temporary or sheets if needed. DO NOT USE "PE	g with your present or seasonal employmen	most recent job,	list all employme	ent for the past te ment. Attach extr	
describe in detail. (INCLUDE AREA CO	DDES FOR ALL PHO	NE/FAX NUMBER	2S)		
EMPLOYER:					
ADDRESS:					
EMAIL ADDRESS:					
FROM:	TO:				
PHONE NUMBER:		FAX:			
NAME OF SUPERVISOR:					
EMAIL ADDRESS:					
SUPERVISORS PHONE NUMBER	:	FAX:			
NAME OF CO-WORKER:			······		
DETAILED REASON FOR LEAVE					
JOB TITLE & DESCRIPTION:					
ARE YOU ELIGIBLE FOR REHIR	E:				
HAVE YOUR EVER RECEIVED SUSPENSIONS, ETC.)	O ANY TYPE OF	DISCIPLINAR	Y ACTION?	(REPRIMANDS	

	EXPLAIN:				
	MONTHLY INCOME: HO	OURLY WAGE:			
2.	EMPLOYER:				
	ADDRESS:				
	EMAIL ADDRESS:				
	FROM:	TO:			
	PHONE NUMBER:	FAX:			
	NAME OF SUPERVISOR:				
	SUPERVISORS PHONE NUMBER:	FAX:			
	NAME OF CO-WORKER:				
	DETAILED REASON FOR LEAVING:				
	JOB TITLE & DESCRIPTION:				
	ARE YOU ELIGIBLE FOR REHIRE:				
	HAVE YOUR EVER RECEIVED ANY TY SUSPENSIONS, ETC.)	PPE OF DISCIPLINARY ACTION? (REPRIMANDS			
	EXPLAIN:				
	MONTHLY INCOME: HO	OURLY WAGE:			
3.	EMPLOYER:				
	ADDRESS:				
	EMAIL ADDRESS:				
	FROM:	TO:			
	PHONE NUMBER:	FAX:			
	NAME OF SUPERVISOR:				
		FAX:			
	NAME OF CO-WORKER:				

	PHONE NUMBER:	FAX:
	NAME OF SUPERVISOR:	
		FAX:
	NAME OF CO-WORKER:	
	DETAILED REASON FOR LEAVING:	
	JOB TITLE & DESCRIPTION:	
	ARE YOU ELIGIBLE FOR REHIRE:	
	HAVE YOUR EVER RECEIVED AN SUSPENSIONS, ETC.)	NY TYPE OF DISCIPLINARY ACTION? (REPRIMANDS,
	EXPLAIN:	
	MONTHLY INCOME:	HOURLY WAGE:
6.	EMPLOYER:	
	ADDRESS:	
	EMAIL ADDRESS:	
	FROM:	TO:
	PHONE NUMBER:	FAX:
	NAME OF SUPERVISOR:	
		FAX:
	NAME OF CO-WORKER:	
	ARE YOU ELIGIBLE FOR REHIRE:	
		NY TYPE OF DISCIPLINARY ACTION? (REPRIMANDS,
	EXPLAIN:	
		HOURLY WAGE:

7.	EMPLOYER:					
	ADDRESS:					
	EMAIL ADDRESS:					
	FROM:	TO:				
	PHONE NUMBER:	FAX:				
	NAME OF SUPERVISOR:					
	EMAIL ADDRESS:					
	SUPERVISORS PHONE NUMBER:	FAX:				
	NAME OF CO-WORKER:					
	DETAILED REASON FOR LEAVING	G:				
	JOB TITLE & DESCRIPTION:					
	ARE YOU ELIGIBLE FOR REHIRE:					
	HAVE YOUR EVER RECEIVED ANY TYPE OF DISCIPLINARY ACTION? (REPRIMANDS SUSPENSIONS, ETC.)					
	EXPLAIN:					
	MONTHLY INCOME:	HOURLY WAGE:				
D.	EDUCATIONAL HISTORY					
	HIGH SCHOOL ATTENDED	CITY / STATE FROM / TO	DIPLOMA OR GED			
***	*********	********	******			
1.	COLLEGE / UNIVERSITY:		Date:			
	CITY / STATE:					
	UNITS / SEMESTER HOURS O					
	MAJOR / MINOR:					
	DEGREE(S) RECEIVED:					

***	*************	************			
2.	COLLEGE / UNIVERSITY:	Date:			
	CITY / STATE:				
	UNITS / SEMESTER HOURS COMPI	LETED:			
	MAJOR / MINOR:				
	DEGREE(S) RECEIVED:	GPA			
***	************	*************			
3.	COLLEGE / UNIVERSITY:	Date:			
	CITY / STATE:				
	UNITS / SEMESTER HOURS COMPLETED:				
	MAJOR / MINOR:				
		GPA			
	LIST ANY OTHER SCHOOLS ATTEN	<b>DED</b> (Trade, Vocational, Business, Police Academy, etc.)			
	SCHOOL:	Date:			
	CITY / STATE:				
	FROM:	TO:			
	DIPLOMAS / CERTIFICATES RECEI	VED:			
		GPA			
***	**********	*************			
	SCHOOL:	Date:			
	CITY / STATE:				
	FROM:	TO:			
	DIPLOMAS / CERTIFICATES RECEI	VED:			
		GPA			

POLICE ACADE	MY:			
FROM:		TO:		
LOCATION:				
` 11	ho are currently in the Aca forcement Position)	ademy or who have graduated and are seek		
DIRECTORS NA	ME:			
DIRECTORS PHO	ONE NUMBER:			
LEAD INSTRUC	TOR:			
LEAD INSTRUC	TORS PHONE NUMBEI	R:		
POLICE ACADEMY FAX NUMBER:				
		MY:		
MILITARY REC	CORD			
BRANCH:		RANK:		
BRANCH:	TO:			
BRANCH: FROM: SERVICE NUME	TO: BER:	RANK:		
BRANCH: FROM: SERVICE NUME YOUR MAIN DU	TO: BER: UTY:	RANK:		
BRANCH: FROM: SERVICE NUME YOUR MAIN DU SUPERVISOR'S	TO: BER: JTY: NAME:	RANK:		
BRANCH: FROM: SERVICE NUME YOUR MAIN DU SUPERVISOR'S SUPERVISOR'S	TO:  BER:  JTY:  NAME:  PHONE NUMBER:	RANK:		
BRANCH: FROM: SERVICE NUME YOUR MAIN DU SUPERVISOR'S SUPERVISOR'S DETAILED EXP	TO: BER: JTY: NAME: PHONE NUMBER: LANATION OF DUTY:	RANK:		

CHARGE DATE AGE AT TIME DISPOSITION  LIST ALL COMMENDATIONS/EDUCATION RECEIVED DURING YOUR MILITARY SERVICE.  ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVE?  BRANCH: RANK: UNIT DESIGNATION:  MAIN DUTY:  LOCATION: PHONE NUMBER:  SUPERVISORS NAME: PHONE NUMBER:  SUPERVISORS FAX NUMBER:  CO-WORKER: PHONE NUMBER:  SPECIAL QUALIFICATIONS AND SKILLS  LIST ANY SPECIAL LICENSES YOU HOLD (Pilot, Radio Operator, Concealed Handgun, etc.) Show licensing authority, date of issue and date of expiration.	(LETTER OF REPRIMAND, ORAMAST, COMPANY PUNISHMEN	NARY ACTIONS, INCLUDING ARREST, IF ANY, AL REPRIMAND, COURT MARTIAL, CAPTAIN'S NT, ARTICLE 15) WHILE IN THE MILITARY.
LIST ALL COMMENDATIONS/EDUCATION RECEIVED DURING YOUR MILITARY SERVICE.  ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVE?  BRANCH: RANK: UNIT DESIGNATION:  MAIN DUTY:  LOCATION: PHONE NUMBER: SUPERVISORS NAME: PHONE NUMBER: SUPERVISORS FAX NUMBER: PHONE NUMBER:  SUPERVISORS FAX NUMBER: PHONE NUMBER:  SPECIAL QUALIFICATIONS AND SKILLS  LIST ANY SPECIAL LICENSES YOU HOLD (Pilot, Radio Operator, Concealed Handgun, etc.) Show licensing authority, date of issue and date of expiration.	CHARGE DATE	AGE AT TIME DISPOSITION
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BRANCH: RANK: UNIT DESIGNATION: PHONE NUMBER:  MAIN DUTY: PHONE NUMBER:  FAX NUMBER: PHONE NUMBER:  SUPERVISORS NAME: PHONE NUMBER:  CO-WORKER: PHONE NUMBER:  SPECIAL QUALIFICATIONS AND SKILLS  LIST ANY SPECIAL LICENSES YOU HOLD (Pilot, Radio Operator, Concealed Handgun, etc.) Show licensing authority, date of issue and date of expiration.		EDUCATION RECEIVED DURING YOUR
BRANCH: RANK: UNIT DESIGNATION: PHONE NUMBER:  MAIN DUTY: PHONE NUMBER:  FAX NUMBER: PHONE NUMBER:  SUPERVISORS NAME: PHONE NUMBER:  CO-WORKER: PHONE NUMBER:  SPECIAL QUALIFICATIONS AND SKILLS  LIST ANY SPECIAL LICENSES YOU HOLD (Pilot, Radio Operator, Concealed Handgun, etc.) Show licensing authority, date of issue and date of expiration.		
UNIT DESIGNATION:  MAIN DUTY:  LOCATION:PHONE NUMBER:  FAX NUMBER:  SUPERVISORS NAME:PHONE NUMBER:  SUPERVISORS FAX NUMBER:  CO-WORKER:PHONE NUMBER:  SPECIAL QUALIFICATIONS AND SKILLS  LIST ANY SPECIAL LICENSES YOU HOLD (Pilot, Radio Operator, Concealed Handgun, etc.) Show licensing authority, date of issue and date of expiration.	ARE YOU CURRENTLY IN THE	E NATIONAL GUARD OR RESERVE?
MAIN DUTY:  LOCATION:PHONE NUMBER:  FAX NUMBER:  SUPERVISORS NAME:PHONE NUMBER:  SUPERVISORS FAX NUMBER:  CO-WORKER:PHONE NUMBER:  SPECIAL QUALIFICATIONS AND SKILLS  LIST ANY SPECIAL LICENSES YOU HOLD (Pilot, Radio Operator, Concealed Handgun, etc.) Show licensing authority, date of issue and date of expiration.	BRANCH:	RANK:
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SUPERVISORS FAX NUMBER:  CO-WORKER: PHONE NUMBER:  SPECIAL QUALIFICATIONS AND SKILLS  LIST ANY SPECIAL LICENSES YOU HOLD (Pilot, Radio Operator, Concealed Handgun, etc.) Show licensing authority, date of issue and date of expiration.	FAX NUMBER:	
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LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT YOU CAN OPERATE	LIST ANY SPECIAL LICENSES	YOU HOLD (Pilot, Radio Operator, Concealed Handgun, etc.)
LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT YOU CAN OPERATE		
	LIST ANY SPECIALIZED MACI	HINERY OR EQUIPMENT YOU CAN OPERATE

F.

FIREARMS:	INION, WHAT IS	YOUR LEVEL OF	PROFICIENCY
What is your degr	ree of computer literacy ree of keyboard skill? E an you operate?	Excellent () Good	() Poor ()
INDICATE YOU	R DEGREE OR FLUE: (EXCELLE	NCY IN ANY FOREI ENT, GOOD, POOR)	GN LANGUAGE
LANGUAGE	READING WRI	ITING SPEAKING	UNDERSTANDIN
LIST ALL CIVI	L LITIGATION IN W		
A PARTY OR A	ORD - List all traffic citation	s you have received.	

## LIST ALL TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED

	CITY / STATE	MONTH / YEAR	AT FAULT Y / N	DRIVER / PASSENGER
I.	MARITAL AND	FAMILY STATUS –	Check appropriate s	tatus
Single {	} Married { } Enga	aged { } Separated { } Divo	rced { } Widowed { } In C	Current Relationship { }
Spouse	or Current Relations	ship's Name:		
Curren	t Relationship's Curr	rent Address:		
Spouse	or Current Relations	ship's Employer:		
Spouse	or Current Relations	ship's Work Number:		
Spouse	or Current Relations	ship's Home Number:		
Name o	of Ex-Spouse:			
Ex-Spo	ouse's Current Addre	ess if known:		
Ex-Spo	ouse's Current Home	Phone Number if known:		
Ex-Spo	ouse's Employer if k	nown:		
Ex-Spo	ouse's Work phone n	umber if known:		
DATE	MARRIED	CITY / STATE	SPOUSES	NAME
If ever s	separated, divorced or	widowed, name of ex-spouse	»:	
Date of	divorce:			

Where divor	ce took place (City,	County, State):					
Work and H	ome Telephone Nun	nber of Ex-Spous	se:				
Address of E	Address of Ex-Spouse:						
LIST ALI Step-Children	L CHILDREN F	RELATED TO	O YOU OR TO	O YOUR SPO	OUSE (Natural, Adopted		
NAME	ADDRESS	DOB	RELA	ATIONSHIP	SUPPORTED BY		
LIST ALI	L OTHER DEPI	ENDENTS:					
NAME		ADDRESS		RELATION	NSHIP		
LIST OTHE	R RELATIVES INC	CLUDING FATH	HER, MOTHER, E	BROTHERS AN	D SISTERS		
NAME	ADDI	RESS	PHONE	RI	ELATIONSHIP		
REFEREN	NCES - List three p	ersons who have	known you for at	least 10 years (1	No Family Members)		
NAME	ADDR	ESS HOM	IE PHONE / WORK P	HONE/CELL PHO	NE OCCUPATION		

### J. VEHICLE INFORMATION

Type of vehicle owned:		Make:	
Model:	License Plate:	Year:	
Name of Vehicle Insurance	e Company:	_	
Policy Number:			
K. FINANCIAL HIS		OF INCOME INCLUDING WAGES,	
SOURCE	AMOUNT	FREQUENCY	
TYPE OF REAL ESTATI	E: OWNED / RENTED / LEAS	ED:	
	LOCATION:		
RENT OR HOME PAYM	ENT:		
VALUE OF STOCKS AN	ID BONDS:		
BANKING INSTITUTIONS IN	N WHICH YOU MAINTAIN ACCOU	NTS	
NAME / LOCATION	TYPE ACCOUNT	AVG. BALANCE	
FINANCIAL OBLIGATIONS			
CREDITOR / LOCATION	ITEMS PURCHASED	BALANCE PAYMENT	
AVERAGE MONTHLY COST	OF UTILITIES (Electric, Water, Gas, T	elephone):	

CURRENT MONTH	Y INCOME:
SPOUSE'S CURREN	T MONTHLY INCOME:
	PERSONAL FINANCE WORKSHEET
Monthly rent, lease	mortgage payment
Average Monthly F	ectricity payment
Average Monthly V	ater payment
Average Monthly (	as payment
Average Monthly T	elephone payment
Average Monthly (	able television payment
Average Monthly I	ternet payment
Average Monthly I	ome, personal, auto insurance payment
Total Monthly Auto	loan payment(s)
Total Monthly Chil	Care payment(s)
Total Monthly aver	ge of gasoline credit card payments
Total Monthly aver	ge of Personal Loan payments
Total Monthly aver	ge of Credit Card payments
Total Monthly Chil	Support / Spousal Support Payments
Miscellaneous Mor	hly payments
Average Monthly I	surance Payments
Do you have a <u>roor</u> RENT, MORTGAG	mate or other person who you live with who shares your monthly living expenses, such as the and HOUSEHOLD UTILITIES?  YES { } NO { }
If so, give:	NAME:
	PLACE EMPLOYED:
	WORK PHONE:
Comments:	HOME PHONE:

ROOMMATE OR OTHER PERSONS MONTHLY CONTRIBUTION:

# LIST ALL PAYMENTS IN WHICH YOU ARE 30 DAYS OR MORE IN ARREARS **CREDITOR** NO. MONTHS IN ARREARS AMOUNT IN ARREARS GIVE DATE, TYPE AND LOCATION OF ANY BANKRUPTCIES FILED: LIST ANY ALIMONY OR CHILD SUPPORT PAYMENTS - Include name to who paid, frequency, and whether payment is in arrears. AUTOMOBILE PAYMENTS - (Motorcycle, Boat, Vehicle, RV, etc.) TYPE VEHICLE FINANCIAL INSTITUTION / LOCATION PAYMENT **FREQUENCY** MEMBERSHIPS IN GROUPS, CLUBS AND ASSOCIATIONS - List name, address, type of organization (Professional, Fraternal, Social, etc.) and dates of participation. NAME / ADDRESS TYPE FROM / TO Μ. PERSONAL DECLARATIONS DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF ALCOHOLIC BEVERAGES. DESCRIBE THE LEVEL, FREQUENCY AND CIRCUMSTANCES SURROUNDING ANY USE OF MARIJUANA OR ILLEGAL USE OF DRUGS NOT PRESCRIBED BY A PHYSICIAN.

DESCRIBE IN DETAIL, ANY INCIDENTS IN WHICH YOU SOLD OR FURNISHED <b>ANY</b> MARIJUANA ILLEGAL DRUGS OR NARCOTICS TO ANYONE.
DESCRIBE ANY BELIEFS OR PRECEPTS YOU MAY HAVE WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER, INCLUDING WORKING WEEKENDS, HOLIDAYS, EVENINGS OR AT NIGHT.
DESCRIBE ANY BELIEFS OR PRECEPTS YOU MAY HAVE WHICH WOULD PREVENT YOU FROM TAKING A HUMAN LIFE IN THE COURSE OF YOUR LAW ENFORCEMENT DUTIES IF NECESSARY TO DO SO.
IF OFFERED, WOULD YOU ACCEPT ANOTHER JOB OR POSITION, NOT IN "PATROL", BUT ANOTHER RELATED LAW ENFORCEMENT FUNCTION WITH THE CITY OF LAKEWAY?
YES { } NO { }
WHAT TYPE OF POLICE WORK DO YOU SEE YOURSELF DOING IN THE NEXT YEAR?

**LIST ALL LAW ENFORCEMENT AGENCIES WITH WHICH YOU HAVE EVER APPLIED** - List your current disposition in the hiring process or selection process with the Agency.

In reference to **ALL LAW ENFORCEMENT AGENCIES WITH WHICH YOU HAVE APPLIED**, below, not only list the current disposition of you application, but make sure you list the BACKGROUND INVESTIGATOR'S NAME who you are in contact with at the appropriate agency:

AGENCY DATE APPLIED POSITION SOUGHT DISPOSITION INVESTIGATOR'S NAME

If you	do not have the proper amount of space above, please continue with the needed information below:
N.	CRIMINAL ACTIVITY
1.	Have you <b>EVER</b> been <b>ARRESTED</b> or <b>DETAINED</b> by <b>ANY</b> police agency for <b>ANY</b> reason?  YES { } NO { }
	If you answered "YES", explain in DETAIL:

Has any member of your	immediate family <b>EVER</b> been arrested?
If was what were the aire	YES { } NO { }
ii yes, what were the cho	eumstances:
Have you <b>EVER</b> been qu	uestioned by ANY police as a suspect?
	YES { } NO { }
Have you <b>EVER</b> been w crime other than a theft u	ith someone else when they committed <b>ANY</b> under \$10.00?
	YES { } NO { }
Have you <b>EVER</b> stolen A value(s) and circumstance	<b>ANYTHING?</b> If " <b>YES</b> ", describe the item(s), e(s).
	YES { } NO { }
Were you <b>EVER</b> accused	d of dishonesty by <b>ANY</b> of your Employers?
	YES { } NO { }
Did you <b>EVER</b> witness A	ANY other employees stealing?
Did you <b>EVER</b> witness A	ANY other employees stealing?  YES { } NO { }

# O. PRIOR EMPLOYMENT WITH ANY LAW ENFORCEMENT AGENCY (IF YOU HAVE WORKED FOR MORE THAN ONE LAW ENFORCEMENT AGENCY, PLEASE COPY THIS PAGE OR PLEASE LIST THE BELOW INFORMATION ON AN ADDITIONAL PAGE:

1. Are you a licensed police officer or have you ever been a licensed police officer?  YES{ } NO{ }
If yes, when were you commissioned and when will it expire?
2. Have you been employed in the past by a police department or law enforcement agency?  YES { } NO { }
Agency? City / State?
Dates? From: To:
Who was your last supervisor?
What were your duties / division?
3. If you have been employed in the past by a police department or law enforcement agency, were you fired?
Laid off? Asked to resign?:
Did you voluntarily resign?
What is your reason for leaving?
Are you eligible for rehire at this agency?
If you have been employed in the past by more than one agency, attach a separate sheet and provide the same information you did for questions 2 and 3.
While employed with any law enforcement agency, did you commit any felony or major misdemeanor offense(s)?  YES { } NO { }
Have you physically abused any prisoner? YES { } NO { }
Have you ever resigned while under any internal affairs investigation(s)? YES { } NO { }
Since you went to work for any law enforcement agency have you used any illegal drugs? (narcotics, marijuana, controlled substance) YES { } NO { }
Have you ever confiscated any prisoner's property and make personal use of it?  YES { } NO { }

Did you or have you ever used you office or position for personal gain, revenge or illegal matter? YES { } NO { }
Have you ever taken a bribe? YES { } NO { }
Did you ever sleep while on duty? YES { } NO { }
Did you ever do anything for which, should a supervisor have found out, you could have been fired? YES { } NO { }
P. ENCOUNTERS OR OTHER DEALINGS WITH ANY POLICE OR OTHER LAW ENFORCEMENT RELATED AGENCY
1. Have you <b>EVER</b> had <b>ANY</b> dealings with <b>ANY</b> Police or other Law Enforcement Agency? Such as a <b>WITNESS</b> or <b>COMPLAINANT</b> , <b>VICTIM</b> , <b>REPORTEE</b> or <b>SUSPICIOUS PERSON</b> ?
YES { } NO { }
If you answered <b>YES</b> , name the organization and please explain in detail your encounter or other dealing with the Law Enforcement Agency:
2. Have you <b>EVER</b> signed any type of <b>COMPLAIN</b> T, <b>AFFIDAVIT</b> or other legal form, with the intent of providing evidence in a criminal matter or charging a defendant with any type of crime?
YES { } NO { }
If you answered <b>YES</b> to the above question, please explain in detail about your signing of any type of legal form, being it a COMPLAINT, AFFIDAVIT or other document providing evidence or charging a defendant with a crime. Remember to give the location of where this action happened:

,	/I

	2-
Q.	GENERAL PAST EMPLOYMENT INFORMATION
χ.	
1.	Have you <b>EVER</b> been fired or terminated from <b>ANY</b> job?
1.	have you <b>EVEN</b> been filed of terminated from AIVI job?
	<b>YES</b> { } <b>NO</b> { }
TC	13700 4 41 1 41 1 1 1 1 1 1 1 1 1
If yo	ou answered YES to the above question, please explain in detail:

2.	Have you <b>EVER</b> been asked to resign from any job?
	YES { } NO { }
IF YO	U ANSWERED YES TO THIS QUESTION, PLEASE GIVE A DETAILED EXPLANATION:
3.	Have you <b>EVER</b> quit any job to avoid being fired?
	YES { } NO { }
IF YO	OU ANSWERED YES TO THIS QUESTION, PLEASE GIVE A DETAILED EXPLANATION:
4.	Have you <b>EVER</b> quit any job without giving notice?
	YES { } NO { }
5.	Have you <b>EVER</b> failed to report for work or called in sick when you were not sick?
6.	YES { } NO { } Have you frequently been late in reporting for work?
	YES { } NO { }
7.	Have you ever been demoted while employed as a Peace Officer?
	YES { } NO { }

If you answe	ered yes to the abov	e question, please explain	in detail:	
			ssion, or falsifications in the foreg	going
	nd answers to quest ware that any such n		ions, or falsifications will be ground	ls for
			ation of my employment.	
Applicants S			Date	
Printed name	2			
Address				
<u>C:</u>	C4-4-	7:		
City	State	Zip		
Home:	1 ()	Work:	Cell:	
Telephone N	lumber(s)			
	NOTIO	TO ADI	DI ICANT.	

## NUTICE TO APPLICANT:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

<b>YES</b> { }	<b>NO</b> {	}
----------------	-------------	---

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "AT WILL" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time

may not be changed by any written document or by coacknowledged by an authorized official of the City of L	e i
In the event of employment, I understand that false application or interview(s) may result in discharge. abide by all rules and regulations of the City of Lakewa	I understand, also, that I am required to
Signature of Applicant	Date

Printed Name

with or without cause. It is further understood that this "AT WILL" employment relationship

#### **CITY OF LAKEWAY**

LAKEWAY POLICE DEPARTMENT 104 CROSS CREEK, AUSTIN, TEXAS 78734 512/314-7586 FAX: 512/314-7571

### RELEASE OF PERSONAL INFORMATION WAIVER

I,	, do hereby authorize a review of, and ful
disclosure of all records, private,	public or of a confidential nature. Furthermore, I gran
permission for this agent to obtain p	hotocopies of any records concerning myself, that he / she
considers relevant to my application	ion for employment with the City of Lakeway Police
Department.	
The intent of this authorization is to	give my consent for full and complete disclosure of the
records of educational institutions, fi	nancial or credit institutions, including records of loans, the
records of commercial or retail cred	it agencies (including credit reports and / or ratings); and
any other financial statements and	records wherever filed; employment and pre-employmen
records, including background repor	ts, efficiency ratings; complaints or grievances filed by or
against me; records and recollect	ions of Attorney's at law or other Counsel (whether
representing me or another person in	any case), either criminal or civil, in which I presently have
or have had interests in.	
I understand that any information of	otained by the Personal History Statement and Background
Investigation which is developed dire	ectly or indirectly, in whole or in part, upon this release of
authorization, will be considered in o	determining my suitability for employment by the Lakeway
Police Department. I also certify	that any person(s) who may furnish such information
concerning me shall not be held accor	untable for giving this information.
Information received from all source	es will be kept confidential and will not be released to the
Applicant. Information will be relea	sed to any Law Enforcement Agency requesting same and
presenting a valid release form signe	ed by the Applicant. Information received becomes part of
the Employee's Personnel File on	date of hire and may be used for internal reviews and
investigations.	
A photocopy of this release form v	vill be valid as an original thereof, even though the said
photocopy does not contain an original	al writing of my signature.
Signature (Including Maiden Name):	
Address:	
Street City	State Zip Code
Phone:	Date of Birth:
I none.	Bute of Birtin.
SS#:	
Subscribed and sworn to before me, by said	
This day of	,, to certify which witness my hand and seal of
office.	, to certify which withess my hand and seal of
	Notary Public in and for the
	State of Texas / My Commission Exp:

LAKEWAY POLICE DEPARTMENT Personal History Statement - Supplement		

LAKEWAY POLICE DEPARTMENT Personal History Statement - Supplement		

#### PHYSICAL AGILITY INFORMATION

#### City of Lakeway - Police Entrance Exercise

Applicants for the position of Police Officer will be screen based on the following fitness tasks:

- 1. Push ups
- 2. 300 meter run
- 3. Handgun drill
- 4. Shotgun drill
- 5. Sit and Reach
- 6. Sit ups

Attached are descriptions of each task and the minimum acceptable levels to successfully complete the exercise. An applicant must meet the minimum acceptable level of each task. Applicants who successfully complete all of the exercises will continue in the selection process.

Applicants are strongly encouraged to begin preparing for this portion of the screening process by practicing each of the exercises. Practicing can be very important as exercises may not be as easy as they appear.

Police Department personnel will be available to both demonstrate and allow you to practice the exercises prior to the exercise.

#### HANDGUNS AND SHOTGUNS WILL BE PROVIDED! LEAVE YOUR OWN GUN AT HOME.

#### **PUSH UPS**

The objective of this portion of the exercise is to evaluate the fitness (strength and endurance) level of the muscle groups involved in the chest, upper arms and shoulder girdle.

The participant will assume a "front leaning rest position", hands placed on the floor, palms flat, approximately shoulder width apart with elbows fully extended. The feet are together at the heels and only the toes are touching the floor.

After the participant has assumed the "front leaning rest position" participant will be given the command "ready exercise". The participant will then lower the body downward, maintaining the straight head to heel line touching the fist of the scorer with the upper chest. The participant will then extend the elbows and raise the body back to the "front leaning rest position". This completes one repetition of the exercise. To rest during the exercise, the participant will assume the "front leaning rest position" until rested. The scorer will count OUT LOUD only the push-ups that are completed correctly in a one-minute time limit.

# Minimum Acceptable Standards 10 push-ups PASS\_\_\_\_\_\_ FAIL\_\_\_\_\_

#### **SIT UPS**

The objective of this portion is to evaluate the fitness (strength and endurance) level of the abdominal muscles, lower back and hip flexor.

The participant will assume the starting position by lying flat on the floor. The hands are inter-laced together behind the head with the elbows pointing upwards. The feet are together and flat on the floor causing the knees to be bent. After assuming the correct position, a second person will then assume a position to count and hold for the participant taking the evaluation. The second person (holder) will place one knee on the floor and hold the participant with both hands around the ankle area.

After the participant and holder are in the starting position, the command "READY, EXERCISE" will be given and the evaluation will begin.

The participant will sit up and touch the elbows to the knees and then return to the starting position with the shoulder blades touching the floor. The hands are kept inter-laced and the feet flat on the floor. Each time the participant touches the elbows to the knees and returns to the starting position will be counted as one repetition of the exercise.

The rest position, once the participant has begun the evaluation, is the up position with the elbows touching the knees.

The scorer will count OUT LOUD only the sit-ups that are completed correctly in the one-minute time limit.

Minimum	Acceptable	Standards

	20 sit-ups	
PASS		FAIL

#### Sit and Reach

Flexibility may be defined as the possible range of motion in a single joint or in a group of joints. There is no known test that measures flexibility of all the joints, but the sit and reach evaluation will measure the all-important flexibility of the lower back and hip areas. The elastic ability of the muscles located in the back of the legs and in the trunk is also measured.

The instrument used to measure the flexibility is simply a box with a yardstick attached to the top. The yardstick extends beyond the end of the box a total of fifteen (15) inches toward the participant. The participant will sit flat on the floor with feet placed up against the end of the box. The arms are extended parallel to the legs and touch the end of the yardstick. The hands are placed together, one hand on the other with fingers extended. The participant will lean forward without lunging or bobbing and reach as far down the yardstick as possible. The back of the knees must remain flat on the floor. The scorer will count the distance in inches that the participant reaches/ three attempts are allowed and the best of the three is recorded.

### **Minimum Acceptable Standards**

	15 inches	
PASS		FAIL

#### **Handgun Drill**

The objective of this portion of the evaluation is to evaluate the fitness (strength and endurance) level of the muscle groups involved in the hand and forearm and to a lesser degree in the upper arm and shoulders as used to effectively fire a police revolver.

The participant will assume a relaxed standing position and grasp the UNLOADED handgun in the right hand by the pistol grip, with three fingers and the thumb encircling the grip. The forefinger is outside the trigger guard and off the trigger. The left hand may be used to support the grip.

The handgun will then be held at arm's length, elbows and wrist straight, with the barrel inserted into a four-inch circle. The participant will be given the command, "READY FIRE". The participant will then place their forefinger onto the trigger and pull the trigger to its rearmost position, then release tension on the trigger and allow it to return to its forward most position.

The exercise will be repeated for a total of four trigger pulls and releases in 10 seconds or less. The participant will ensure no portion of the weapon comes into contact with the edges of the four-inch circle. The exercise will be repeated in its entirety for the left hand.

PASS	FAIL

#### **Shotgun Drill**

The objective of this portion is to evaluate the fitness (strength and endurance) level of the muscle groups involved mainly in the hands, forearms, biceps, triceps and shoulder as needed to effectively fire a police shotgun.

The participant will assume the starting position by standing erect with feet approximately shoulder width apart. The participant will grasp the UNLOADED shotgun by holding the slide in the support hand and the stock close to the receiver in the shooting hand. The shooting forefinger should be outside the trigger guard and off the trigger.

The participant will "shoulder" the shotgun by lifting it up to the shooting side cheek and placing the butt of the stock into the hollow of the shoulder. The participant will support the front end of the shotgun with the support hand holding the slide.

The participant will then place the barrel of the shotgun into a 6-inch circle. When the command "READY FIRE" is given, the participant will use the support hand to first pull the slide to its rearmost position and then push the slide forward until it locks into the forward position. The participant will then place the shooting hand forefinger onto the trigger and pull the trigger to its rearmost position and release. The participant will then repeat the exercise until four complete pulls of the trigger are accomplished.

The participant will complete the four "shots" within 12 seconds and will insure no part of the shotgun touches the edge of the 6-inch circle.

PASS	FAIL
	300 Meter Run
The participant will run a course of 300 meters.	Comfortable clothing and running shoes should be considered.
Minim	um Acceptable Standard
	69 Seconds
PASS	FAIL
tandards are regarding the City of Lakeway	have read and understand what the minimum acceptable Police Department Physical Entrance Exercise.
Applicant's Signature	Date
Printed Name	_

# LAKEWAY POLICE DEPARTMENT JOB TITLE: POLICE OFFICER NON-EXEMPT PAY GRADE 12

#### **JOB SUMMARY**

Under supervision, patrol and provide enforcement, detection and crime prevention under the laws of the City, State, and United States. Carry out special assignments in the field of police work; do related work as required; reports of assignments and / or related work as needed.

#### **ESSENTIAL JOB FUNCTIONS:**

- Enforce appropriate City Ordinances, State and Federal laws, Written Directives.
- Make ethical decisions that conform to applicable laws, Departmental Policy, Regulations. etc., without Supervision when appropriate.
- Work well with the public and co-workers daily, communicating effectively, maintaining alertness, composure, Helpful attitude and professionalism in all circumstances, including stress, verbal abuse, criticism, and / or other adverse conditions.
- Provide police services and assistance.
- Follow a chain of command and instructions, receptive to supervision.
- Immediately comprehend and execute orders from a supervisor in emergency situations.
- Adapt toward procedures, programs, regular and special, assignments.
- Begins and seeks out work without supervision.
- Recognize, identify, and preserve crime scenes.
- Conduct accurate, thorough and complete investigations.
- Load and unload police equipment from a vehicle, including lifting objects over 15 pounds from trunk, back seat, etc.
- Raise pistol, rifle, or shotgun to aim at a subject for an extended period of time (over ten minutes) without firing.
- Shoot a pistol, rifle or shotgun.
- Demonstrate competent weapons proficiency.
- Clean and maintain weapons.
- Use pepper mace to control hostile subjects.
- Perform defensive and / or other hand-to-hand combat tactics.
- Display proficiency in officer survival and safety tactics.
- Physically restrain individuals in the following circumstances: mutual combat, pushing or shoving (crowd control), those under the influence of hallucinogens or other behavior-altering drugs, those suffering from psychosis or other violent mental disorder.
- Use arm lock / wristlock / neck restraint on an individual.
- Wrestle with hostile subjects.
- Physically hold unwilling subjects until help arrives.
- Apply handcuffs to unwilling subjects.
- Physically take away knives, guns, clubs, or other weapons from aggressive subjects.
- Physically assist drunks in walking, entering police car.
- Forcefully grab subjects by the arm to lead them away.
- Search persons / vehicles for weapons, evidence, and contraband.
- Search buildings in dark or low-light conditions.
- Search storm sewers, tunnels for suspects / missing persons.
- Use forced entry techniques such as breaking down doors.
- Conduct foot patrol.
- Chase suspects for extended distance (over 100 yards) over adverse terrain e.g. rugged fields, alley ways, over fences, etc.
- Run up and down flights of stairs / steps to assist other officers or apprehend subjects.
- Break up fights between / among: prisoners in jail; citizens at bars, restaurants, athletic events, other public places and events.
- Carry or drag: injured persons; reluctant protesters and sit-down strikers from protest area.
- Climb buildings, crawl through windows, climb ladders, walk on rooftops to search for criminal entry, evidence, or suspects.
- Walk door to door seeking information about a crime or subject.
- Walk long distances (over 1/4 mile) to search for missing persons / suspects / evidence; may include

- searching difficult areas e.g. woods, creeks, construction sites, etc.
- Participate stakeouts in confining or uncomfortable areas e.g., in trees, bushes, on ledges, etc.
- Physically assist seizure victims to prevent injury.
- Administer CPR / first aid in emergency medical situations.
- Assist ambulance attendants in carrying victims under adverse conditions, e.g., up / down stairs, over rough terrain, out of creeks, etc.
- Direct or control traffic with a flashlight or hand signals for more than one hour at a time.
- Stand on hard surfaces for long periods of time (over 1 hour) performing guard / security duties.
- Enter and exit a police vehicle quickly.
- Operate speed detection radar, video camera, mobile radio.
- Drive safely under adverse conditions, rain, snow, sleet, iced, ark, etc., even at high speed.
- Engage in safe high-speed driving while pursuing suspects or responding to calls.
- Operate a motor vehicle for extended periods of time (several hours).
- Work in congested traffic in and out of a police vehicle.
- Set up roadblocks using traffic barriers other than cars e.g., cones, saw horses, signs, etc.
- Search the area of an accident to determine the cause.
- Examine vehicles for Accident Reports.
- Physically push vehicles off roadways, out of ditches and mud holes, etc., using bodily force.
- Use force to open jammed vehicle doors, free fenders from tires.
- Remove from roadway objects posing traffic hazards, e.g., debris, tree limbs, loose livestock, dead animals.
- Change car tires.
- Fight vehicle fires.
- Observe gruesome sights, e.g., deceased persons, battered children, etc. without losing composure.
- Perform duties acceptably after long hours (over 24) without sleep during emergency situations.
- Attend all courts as scheduled or requested.
- Verbally articulate testimony in court.
- Provide field training for new recruits.
- Work in all weather conditions, inside, in light and / or dark.
- Work any day of the week, any hour of the day, extra assignments as needed.
- Communicate effectively via police radio, telephone, and in person, with citizens, co-workers, supervisors, and instructors, including persons of diverse backgrounds, without bias or prejudice.
- Assist fellow employees without being asked.
- Share recognition for work done jointly.
- Effectively share work information.
- Respond positively to constructive criticism.
- Behave in manner conducive to high moral; express enthusiasm for work assignments, environment, personnel, and management.
- Complete all reports and paperwork promptly, legibly, accurately, thoroughly, neatly, and with correct grammar and spelling.
- Follow through on assignments in a timely manner.
- Develop, utilize and recommend methods for work improvement.
- Obtain useful information during interviews and interrogations.
- Develop and adequately utilize sources of information.
- Use and maintain department equipment safely and properly.
- Observe and report hazardous conditions.
- Maintain an acceptable physical fitness level, including visual acuity correctable to 20/20 without color blindness, normal hearing range.
- Arrive at work on time; work in assigned area (beat).
- Maintain the appropriate uniform and acceptable personal hygiene.
- Carry / wear appropriate extra equipment other than a gun belt, e.g., bulletproof vest, shotgun, etc.
- Maintain work area neatly, safely, and in organized fashion.
- Display self-confidence and authoritative manner, with conduct reflecting favorably on the Department.

#### **OTHER JOB FUNCTIONS:**

- Assist individuals with mobility impairments when appropriate.
- Assist persons with disabilities onto bed or stretcher.
- Assist citizens with clean up after break-ins or vandalism, clearing debris from storm damage, etc.
- Assist in carrying fire fighting equipment, victim rescue, fire fighting when needed.
- Assist in capturing, destroying animals when appropriate.
- Assist in delivering babies when needed.

- Fuel and service police vehicle.
- Assist in setting up training equipment, e.g., firing range, driving course, etc.

#### REQUIRED EDUCATION, DEGREES, CERTIFICATES, AND / OR LICENSES:

High School diploma, GED is acceptable. Texas Operator's License without restriction (except "A"). Texas Basic Certificate of Law Enforcement Officer Training. Must be US citizen to be a sworn Texas Peace Officer.

#### **EXPERIENCE, TRAINING, KNOWLEDGE, SKILLS:**

Aptitude for law enforcement work; ability to think clearly and act effectively in emergency situations, making sound and logical decisions quickly; good prioritizing and problem-solving abilities; ability to observe and remember details of incidents, names and faces; physical agility and good cognitive abilities are required for successful performance of Essential Functions.

#### **SUPERVISION RECEIVED:**

Corporal, Sergeant, Lieutenant, Chief of Police

#### **SUPERVISION EXERCISED:**

None

## STATEMENT OF UNDERSTANDING

authorize any for records and other the purpose of elinterview, true of decision can be a like the provided with a provided with a Department, while I understand and payment or my	rmer employer to release or information it may have evaluating my application copies of all degrees, or lice made. A photocopy of this fully understand the essent a copy of the Physical A cich I have read and understand agree that, if hired, my wages and salary, be to	NT are true, complete, and complete to this employer or its authors about my employment. I und for employment (PHS). In accesses listed on this applications authorization shall be as validated job functions for the Lakev Agility Information provided tand.  employment is for no definite to the provided tand.	way Police Department, and I have also been to all Applicants of the Lakeway Police e period and may, regardless of the date of that intentional misrepresentation on my
SIGNATURE	OF APPLICANT		DATE
Printed Name			
Address			
City	State	Zip	
Social Security 1	Number		

# **LAKEWAY POLICE DEPARTMENT**

104 CROSS CREEK LAKEWAY, TEXAS 78734 512/314-7586 FAX 512/314-7571

# LAKEWAY POLICE DEPARTMENT ASSUMPTION OF RISK AND COVENANT NOT TO SUE

(Print Name)		_	(Date of Birth)
That I, the undersigned			for and in
consideration of being extended the oppor	tunity of under-g	oing physi	cal agility testing for the purpose of
establishing my suitability for the position of			
POLICE DEPARTMENT, on this	day o	of	, 20 , have prior to
said date assumed and hereby do assume all ri	sks of injury to my	person aris	sing out of, or in any way incident to the
aforesaid physical agility tests; that each of			
understand clearly what I will be called upon			
tests may entail or accrue to my person; and the			
and hereby do covenant never to sue or bring			
the CITY OF LAKEWAY or any officer or e	employee of the CI	TY OF LA	KEWAY for any such injury.
Executed on this the	day of		, 20
		(Applic	ants Signature)
Subscribed and sworn to before me, by the said	d		this
zuccentova uma on em ve evicio me, e, une cur			
day of		, 20	to certify which witness my hand
and seal of office.			
Notary Public in and for the			

State of Texas.

Please remember that any willful misrepresentations, or grounds for immediate rejection of your application, or if his Do you fully and completely understand this?  YES { } NO { }	
Is there any information or other things that you wou Background, Past Employment or Qualifications that we employment with the Lakeway Police Department?	
YES { } NO { }	
If <b>YES</b> , please use the following area:	
Applicants Signature	Date

### LAKEWAY POLICE DEPARTMENT APPLICANT NARRATIVE FORM PAGE 1 OF 3

Name:	Date:	
<b>NSTRUCTIONS</b> : You have been given three (3) pages on which to answer the questivelow. You are not required to fill out all three (3) pages. Give your honest feelings. Take you ime. Sign where requested at the bottom of page three (3) and return all three (3) pages.		
TELL US ABOUT YOURSELF, V WHY YOU WISH TO WORK FOI	VHY YOU WANT TO BE A POLICE OFFICER AND R THE CITY OF LAKEWAY.	

### LAKEWAY POLICE DEPARTMENT APPLICANT NARRATIVE FORM PAGE 2 OF 3

### LAKEWAY POLICE DEPARTMENT APPLICANT NARRATIVE FORM PAGE 3 OF 3

APPLICANTS SIGNATURE:		